

Milton Keynes Council

Carers Short Breaks Service

Inspection report

5 Polmartin Court
Fishermead
Milton Keynes
MK6 2JL
Tel: 01908 225164

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Carers Short Breaks Service provides respite and short break accommodation for people with either physical or learning disabilities and complex needs. The service is provided in Fishermead, near Milton Keynes. The service has 3 beds and at the time of our inspection there were three people using the service on a regular basis.

Our inspection took place on 6 January 2016. At the last inspection in December 2013, the provider was meeting the regulations we looked at.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the service and with the support they received from staff. There were systems in place to protect people from the risk of harm and to ensure staff were able to report suspected abuse. Risks to people were assessed and assessments detailed the control measures that were in place to minimise the potential for future risk to occur.

Summary of findings

There were sufficient numbers of staff on duty to meet people's needs and robust recruitment processes had been followed to ensure that staff were suitable to work with people.

Safe systems were in place for the administration, storage and recording of medicines.

Staff received on-going training which helped them to deliver safe and effective care to people. They received formal supervisions which helped them to monitor their progress and development.

Some people who used the service did not have the ability to make decisions about certain aspects of their care needs. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People had sufficient food and drink to maintain a healthy, balanced diet and were given choices about what they wanted to eat and drink.

Staff supported people to attend health appointments and made referrals to appropriate health professionals to ensure people's general health and well-being.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported on a daily basis. Staff had access to information on people's abilities and needs, which allowed them to understand how they should provide good quality care. They understood how to promote and protect people's rights and maintain their privacy and dignity.

People received person-centred care, based on their individual strengths, interests and needs. Feedback was sought from people and those important to them, such as family members on a regular basis to ensure that they remained satisfied with their care and support. This was used to help identify areas for development at the service. There were effective systems in place for responding to complaints.

The service had an open, positive and forward thinking culture. There were internal and external quality control systems in place to monitor quality and safety and to drive improvements. Staff were always thinking about ways to improve the delivery of service to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from harm and abuse because staff were knowledgeable about the principles of safeguarding and how to report any concerns.

Staffing levels were sufficient to meet people's needs. Staff had been recruited safely.

People received their medicines as prescribed and the service had systems to ensure they were managed safely.

Good



Is the service effective?

The service was effective.

Staff had received appropriate training to perform their roles and also received regular supervision from the registered manager.

People's consent was sought where possible before any interventions were given. Staff had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were supported to access healthcare professionals as and when they needed to.

Good



Is the service caring?

The service was caring.

There were positive and meaningful relationships between people and staff. Staff treated people with kindness and compassion and people felt well cared for.

People were supported to express their views and opinions as much as possible. Any feedback was listened to in order to improve the delivery of care.

People's privacy and dignity were respected and promoted by the service.

Good



Is the service responsive?

The service was responsive.

People received care which was personalised and specific to their individual needs. They were supported to be independent and were enabled to attend activities of their choice, based upon their preferences.

Complaints and concerns were welcomed by the service and taken seriously in order to drive future improvements and enhance the quality of care.

Good



Is the service well-led?

The service was well led.

The service had a stable management team in place. There was a positive and open culture at the service. People and staff were empowered by the provider to have a say.

Good



Summary of findings

The service had a number of quality assurance processes in place to ensure high levels of service delivery were maintained.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations.

Carers Short Breaks Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 January 2016, and was announced. We gave 48 hours' notice of the inspection because the service is small and the registered manager is often out of the office supporting staff. We needed to be sure that they would be in the office to help support the inspection process.

The inspection was undertaken by one inspector to avoid disruption to the people who lived at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the other information we had for this service and found that no recent concerns had been raised. We had received information about events that the

provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during individual tasks and activities and spoke with people and staff about their experience of the service. We carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people and one relative, and received written feedback from one other relative. We also spoke with the registered manager and three care staff, two senior carers and the service coordinator.

We looked at three people's care records to see if they were accurate and reflected their needs. We reviewed staff recruitment records, two weeks of staff duty rotas and three staff training records. We also looked at further records relating to the management of the service, including quality audits and health and safety checks to ensure the service had robust systems in place to monitor quality and drive improvement.

Is the service safe?

Our findings

People felt safe with the support they received from staff when they used the service. One person said, “I am safe.” Another person told us, “I do feel safe, yes.” Relatives confirmed that their loved ones were safe at the service. One relative told us, “I am never worried, I know they are well looked after.” We observed that people were relaxed and comfortable in the presence of staff and the other people who used the service.

Staff members were able to describe abuse and the different forms it may take, as well as identifying potential indicators of abuse that they would look out for. Staff members explained that if they suspected somebody had been abused, they would take action to stop the abuse and report the incident. One staff member said, “If there was anything I was worried about, I would make sure the person was safe and then document things and report to my manager or the senior.” Staff explained that, as well as reporting internally, they would also report their concerns directly to the local authority safeguarding team. The registered manager and service coordinator told us that all staff had received safeguarding training and worked hard to ensure that people were kept safe, even when they were not using the service. Records showed that local authority safeguarding procedures, including reporting procedures, were available to members of staff and that incidents were reported and investigated in accordance with that policy.

The registered manager informed us that, when an incident or accident occurred, they would report the accident using the provider’s accident forms. These were then used to analyse incidents and introduce steps to reduce the likelihood that a similar incident would take place in the future. The registered manager also told us they would report the incident to appropriate regulatory bodies, such as the local authority or Care Quality Commission (CQC). We looked at accident forms and saw that incidents had been recorded, acted upon and reported on appropriately.

The registered manager explained that they had worked with the provider to ensure there were emergency plans in place for the service. These included procedures for what to do in the event of fire, adverse weather or staff shortage, as well as individual procedures describing the specific support each person needed in the event of an emergency. Records confirmed that these plans were in place, both for the service and the people using it.

Risks to people’s safety had been assessed in order to try and minimise them. Staff explained that there were risk assessments in place for each person. These were used to identify areas where people may come to harm, and to outline steps to take to reduce the chances of that harm occurring. Within people’s records we found risk assessments to promote and protect people’s safety in a positive way. These included; managing finances and undertaking a variety of activities within the community. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. They had been reviewed regularly and when circumstances had changed so as to remain reflective of people’s current needs.

People told us they thought there was enough staff on duty to support them. One person said, “There are loads of staff.” Relatives considered that there was enough staff to enable people to attend the activities they wanted to and to have a good quality of life within the service. Staff also told us they thought the staffing ratio was sufficient to keep people safe and for them to do what they needed to do. One staff member told us, “There are enough of us here.” During our inspection, we observed that there was enough staff to promptly respond to people’s needs.

The number of staff on duty for each shift was detailed clearly on the rota which was maintained electronically. We spoke with the senior carer who had responsibility for maintaining the rota and were advised that staff numbers were based upon the amount of people who used the service and their levels of dependency. Where people’s needs changed, we were told, and records confirmed, that staffing levels would be adjusted to ensure a safe delivery of service for people. Additional staffing would also be provided where people had a specific identified need, for example, if they required one-to-one support. The registered manager also told us that agency staff were not used, to ensure consistency for people but that if shifts needed to be covered, staff would undertake additional shifts or bank staff, who knew people, would be used. The numbers of staff on duty ensured that people received safe and effective care.

We found safe recruitment practices had been followed. Staff members told us that they were unable to start working at the service until a background check had been completed to ensure they were of good character to be

Is the service safe?

working with people who used the service. The registered manager confirmed that they sought a Disclose and Barring Service (DBS) criminal record check, as well as two references for every new employee. We looked at staff recruitment files and found that people had been recruited safely. The provider had carried out background checks, including obtaining two employment references and criminal record checks before people commenced their employment.

People were supported to take their medication safely. One person said, “I get my tablets when I need them.” Staff told us that they were responsible for the safe administration of medicines within the service. They explained that two members of trained staff worked together to ensure people had the right medication at the right time. They told us that, as people came for short breaks, they brought their

medication into the service with them. Whenever medication came in, two members of staff counted all of it and recorded the quantities. Medication was then counted every time it was given to ensure the stock levels matched the Medication Administration Record (MAR) charts. Senior staff also checked MAR charts during every handover to ensure they had been completed accurately and medicines given as per people’s prescriptions.

The registered manager explained that there had been a number of medication errors at the service, so these regular checks had been introduced to reduce the chances of errors occurring again. They also explained that new staff had medication training and three competency assessments before they were allowed to administer medication. Other staff received annual refresher training and a competency assessment to help maintain their skills.

Is the service effective?

Our findings

People told us that staff had the necessary skills and knowledge to meet their needs. One person said, “They look after me in the right way.” Relatives told us that they considered the staff were well trained. One said, “They are very well trained and all know what to do.”

New staff were required to undertake an induction programme as part of their probationary period. One staff member told us that the induction period had given them the confidence to support people and enabled them to gain skills and knowledge from more experienced staff members. Another staff member said, “It was good, it really helped to give us an insight into what we were going to do.” The registered manager told us that the induction programme incorporated the recently introduced Care Certificate, so that new staff were trained to meet the essential standards of care. We saw records in staff files to confirm that staff had completed an induction process at the start of their employment with the service.

Staff were positive about the on-going training that was available to them. One staff member said, “The Respect training I went on was great, it really helped to give me more confidence.” Another staff member said, “We get lots of training and it is all really useful.” Staff explained that they completed regular and refresher training in mandatory areas, such as safeguarding and moving and handling. They also told us that they could apply for additional training courses arranged by the provider. The registered manager confirmed that staff regularly applied for additional courses which they were interested in. This process meant there was a wide range of skills and abilities within the staff team so the diverse and complex needs of people could be fully met. Training records confirmed that staff received regular training in a wide range of areas. Systems were in place to identify when people were due to have their training updated.

Staff told us they received regular supervision, in addition to their training. They explained that supervision would usually take place on a monthly basis with their line manager. They used these meetings as an opportunity to discuss the service and any issues or developments within it. They were also able to discuss their performance and

highlight areas for development, including potential training needs. Records showed that staff received regular supervision and that these sessions were used constructively to develop staff performance.

People’s consent was sought by staff. People told us that they were able to make their own choices and that staff asked them before providing them with care. A relative told us that they were involved in making decisions with the service and they always spoke with them before making a decision. During our inspection we observed a number of examples of staff seeking consent and empowering people to make their own decisions. For example, in respect of lunch options and what activities to do. We looked at people’s files and saw that staff regularly documented their discussions around people’s decisions and that these discussions focused on supporting the person to make their own choices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When a person lacks mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us that they and staff had received training on the requirements of the MCA. The service coordinator explained the processes the service had been through to ensure that they had a workable capacity assessment in place because of the nature of the service and the short amount of time people stayed there. They were able to explain how staff made decisions in line with the MCA and had a good understanding of how to support people to make decisions that were in their best interests and ensured their safety. We saw examples of where people’s capacity to manage their own finances had been assessed and found that appropriate documentation was in place.

We found that applications were considered under the MCA Deprivation of Liberty Safeguards (DoLS) for some people as staff considered that their liberty may be restricted. These actions showed the service understood their responsibilities under DoLS arrangements.

People had enough to eat and drink when they were at the service. One person said, “I like the food here.” Staff were aware of people’s dietary preferences and in our

Is the service effective?

conversations it was evident that they had a good awareness of people's individual dietary requirements, including more cultural and specialist requirements, such as pureed diet and thickened fluids. The registered manager told us that the service employed two chefs, who understood the importance of ensuring that people received the right type of diet to meet their needs. Records showed that staff were aware of specific allergies which might impact upon people and also of specific guidelines from speech therapists and dieticians that needed to be taken into account.

We were told and saw that menus were planned in advance over a four week period. The staff told us a different meal was available for people every day. People were supported to choose their choice of meal with staff and we were told by staff that if a person did not want what was on offer, a range of alternatives were available. People had nutritional assessments completed to identify what food and drink

they needed to keep them well. We saw that staff monitored people's weight on a regular basis and that care plans were updated when their nutritional needs changed in order to maintain an oversight of people's individual needs.

The service worked with people and their families to help maintain their health. The registered manager explained that, where necessary, the service would arrange appointments for people and were also prepared to support people to attend appointments booked by relatives or the service. There were recording systems in place to document people's health needs and the outcomes of any appointments, to ensure that all staff were aware of changes to people's care. Records showed that when required, advice was sought from the multi-disciplinary team to ensure that holistic intervention was given to support people's health and well-being.

Is the service caring?

Our findings

People were happy with the care they received when they came to stay at the service. One person told us, “I really like everybody here, they are my friends.” Another person gave us a thumbs up when we asked them if they liked the service. We were also told, “Of course I like it, it is good.”

People’s relatives were happy with the care that the service provided and felt the staff were kind and trustworthy. One relative said, “I am so happy with the staff, they really help [Person’s Name] and do their best to make sure he is happy.”

Staff members told us they worked hard to build and maintain strong relationships with people. Through our conversations we found they were motivated to perform their role and committed to providing the best care they could for people. One staff member said, “It puts a smile on your face coming into work.” Another said, “I love my job, I really do.”

We observed positive interactions between people and staff during our inspection. Staff treated people with kindness and were polite in their interactions. People enjoyed engaging with staff in conversation, exchanging jokes and banter with members of staff throughout. One person approached a member of staff, and told them about their night out the previous evening. This was met with a meaningful response from the staff member and gave the person a sense of satisfaction, with them smiling and laughing. We saw other staff members talking to people about their day and the activities they planned to do later on. It was clear that staff knew each person well, taking into account their specific communication needs and wishes and quickly adjusting their communication style between different people.

There were also positive relationships between people’s families and the staff at the service. We observed two relatives visiting the service during our inspection. They were greeted with familiarity and staff members took the time to come and say hello to them. They knew the staff by name and had a chat with them about themselves, as well as their family member.

Staff told us they provided people and their families with the information they needed. They explained that they contacted people and their families in the build up to the visit to ensure they were well prepared and, summarise what had taken place during their stay. People’s relatives told us they were able to visit the service to see how things were going.

The registered manager told us that information was available to people in a range of different formats. For example, they told us that there was a statement of purpose in place to provide people with information about the service. We saw evidence that information was available to people in a range of different formats around the service.

People told us that staff respected them and their choices and always made sure their privacy and dignity was respected. Staff explained to us that an important part of their role was to treat people with dignity and respect. Throughout our inspection we saw that this was taking place. We observed staff talking with people in a respectful and compassionate way. Staff used people’s preferred names when they spoke with them and gave them time and patience when in conversation. If people required support with personal care tasks, staff ensured this was done discretely, behind a closed door to ensure their dignity was maintained.

Is the service responsive?

Our findings

People's care was personalised to meet their specific needs and wishes. One person told us, "I get all the care I need." They told us that they and their family had been involved in planning their care, as well as regularly reviewing it, to ensure their care plan was current and reflective of their needs. Another person told us, "I get to have a choice about things." People's relatives told us that they were also involved in planning people's care at the service and that they received regular updates regarding their family member. One relative said, "We are fully involved and always asked about things along the way." During our inspection we observed that people received care and support from staff that took account of their wishes and preferences.

The registered manager and service coordinator told us that pre-admission assessments of people's needs had been carried out by the local authority and that this information was then used to formulate appropriate support plans and risk assessments. The service used the provider's computer system which was able to draw on and access a multitude of information, upon which it could be determined if the service was appropriate for people before they began to use it. Records confirmed that people or their relatives were asked for their views about how they wanted their support to be provided before care and support was commenced. From the individual content of the care records we found that people and their relatives had been involved in reviews and assessments. This ensured that they were enabled to express their views about how they wanted their care to be provided.

We observed that people were comfortable and relaxed within the service; it was apparent that they knew the environment well and treated it as their own home for the duration of their stay. People were able to bring whatever they wanted with them for their stay, to help them to feel comfortable in the service. The service coordinator spoke to us about the booking system. They explained that, wherever possible they arranged bookings to take into account people's specific needs and requirements as well as their personal preferences, for example, which room they would stay in, and their compatibility with the other people that would be using the service at the same time.

For example, if it was known that two people did not get along with one another, the service would endeavour to book their visits apart, so that each could enjoy their stay as much as possible.

We spoke with staff and the registered manager about the needs and preferences of the people they provided care and support to. We found that people's needs were assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was really individualised. It was evident that support and care was planned and delivered in line with people's individual care plans and their specific requirements.

Staff and the registered manager told us that people's needs were reviewed and changes were reflected in their care records. Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

People had an individual plan of activities for each day. This had been developed with their key worker and where appropriate, their relatives. One person told us they were going to the day centre. Another person was going to work in the local community. Staff explained that where people had long term activity arrangements, such as attending a local day-centre, the service ensured they were able to continue these activities. Other people were supported to make decisions about the activities that they wanted to do each day. We observed staff supporting people to decide what they wanted to do and helping them to get ready for the activity. We also saw in people's care plans that there were records of what people liked to do, as well as timetables to help plan activities and trips out. In communal areas of the service there were photographs on display of different events and activities which the service had supported people to undertake.

People told us that staff supported them to raise concerns or complaints if they had any. One person told us, "I would speak to [Staff Name]." Another person nodded when we asked them if they knew who to complain to. Relatives told us they had no complaints to raise but would feel happy to approach any member of staff if they needed to. Staff told us that they encouraged people to give them feedback about the care they received and would take it seriously if people were not happy. We saw there was an effective

Is the service responsive?

complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

People were very positive about the staff, and the registered manager. They said that all the staff worked well together and that the service ran efficiently. Relatives confirmed that the service was well run and had made a difference to both their and their loved ones lives. Staff said that they could speak with the registered manager about anything and they would be listened to and suggestions would be acted on. People and staff were empowered and had developed trusting and mutually beneficial relationships. The registered manager had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved in ways to develop it.

The service had a positive, open culture and a welcoming atmosphere. On our arrival we were made to feel welcome by all the staff and we found that people were busy getting ready for their daily activities. Staff were supporting people with kindness and compassion and we saw that there were positive, casual interactions between people and members of staff.

We found that there was positive leadership in place at the service which meant that staff were aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be very well motivated, passionate about their role and trained to an appropriate standard, to meet the needs of people using the service.

There was a registered manager in post. People knew who he was as they greeted him with smiles and engaged in happy conversation. During our inspection we observed the registered manager chatting with staff, and people who used the service. It was obvious from our observations that the relationship between the registered manager, service coordinator and the staff was open and respectful.

There were established links with the local community, particularly with the day-centre which a number of people attended as part of their stay. This meant that flexible arrangements could be developed with the day-centre, to ensure that people received personalised care which was sensitive to their specific needs and wishes.

People who used the service, their representatives and health and social care professionals were asked for their views about the quality of the service provision. An annual questionnaire was due to be sent out by the provider but people and their relatives also had the opportunity to raise any issues or concerns at regular coffee mornings. This was an opportunity for family members to meet and exchange conversation, raise issues with staff and give feedback about the service in general. Records showed that these meetings were well attended.

The registered manager told us there were regular meetings held between staff and records confirmed this. These were used to discuss activities, raise concerns and any issues people may have. Staff told us that when appropriate, the results of safeguarding investigations and complaints were fed back to them at staff meetings. They felt this was a useful learning tool for them.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed

to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The registered manager was able to tell us which events needed to be notified, and copies of these records had been kept.

We found the registered manager was proactive in monitoring people's needs and the quality of service provision and responded in a timely manner when these areas required additional input. The registered manager worked with people, supporting them and delivering personal care on a regular basis as this enabled them to understand people's needs and develop an understanding of any issues which staff might encounter.

The registered manager told us that they maintained a number of quality checks and audits to ensure care was delivered to a high standard. They explained that they, and senior staff, carried out checks on areas such as medication and care plans to ensure information was accurate and that staff were following the correct procedures. We looked

Is the service well-led?

at records and saw evidence to support this. Audits and checks were carried out by the registered manager and

senior staff and action plans were used to identify areas for development. In addition, there were plans in place for future audits to be completed by the provider, to give a viewpoint from outside the service.